

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/15/2010
NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 224 SS=D	<p>During complaint investigation of #25286 & #25374 conducted on April 15, 2010, at Huntsville Manor, no deficiencies were cited in relation to the complaints under 42 CFR PART 482.13, Requirements for Long Term Care. Deficiencies were cited in relation to complaint #25205.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility investigation report review, observations, and interviews, the facility failed to prevent the theft and misappropriation of a narcotic medication for one (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility's "timeline" investigation report revealed on February 21, 2010, at 10:30 p.m., two licensed practical nurses (LPNs) were performing the shift change narcotic count when it was discovered twenty-seven Loricec 10/650 was missing from resident #1. LPN #3 had counted the narcotics on February 21, 2010, at 6:00 a.m., and confirmed the count was correct at that time. The count between LPN #1 and LPN #2 at 2:00 p.m., had been recorded as being accurate.</p>	F 224	<p>F 224 Prohibit Mistreatment Neglect Misappropriation</p> <p>Corrective action(s) accomplished for the residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 1. The facility has notified pharmacy by certified letter for Huntsville Manor to be billed for the Loricec tablets taken from Resident #1 on February 21, 2010, as well as to send only what is ordered in accordance with physician's order. Payment issued upon receipt of bill. Completion date: April 26, 2010. 2. 100% audit conducted by Director of Nursing and Risk Manager to ensure that all medications of all residents are accounted for in accordance with physician's orders and pharmacy delivery sheets. Completion date: February 23, 2010. <p>Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	<p>Continued From page 1</p> <p>Interview with LPN #1 in the conference room on April 12, 2010, at 2:50 p.m., revealed at the beginning of the shift during the narcotic count, LPN #2 was in a hurry to leave and several residents were needing attention so the narcotic count was performed in a hurry and not according to facility policy. Interview further revealed LPN #1 had counted the medication and LPN #2 had control of the narcotic book and had called out the medication name and number of tablets and LPN #1 had not signed off on each Narcotic sheet. Interview confirmed LPN #1 was unaware of the missing medication until February 21, 2010, at 10:30 p.m.</p> <p>Review of the facility's policy for Narcotic Sheet Count revealed, "At each shift change, a physical inventory of all narcotic accountability records is conducted by two licensed nurses and is documented on the Narcotic Sheet Count."</p> <p>Review of the pharmacy delivery sheet revealed thirty tablets of Lorcet 10/650 was delivered on November 4, 2009, for resident #1.</p> <p>Resident #1 was seen by a dentist on November 4, 2009. Review of a prescription given at that time revealed, "Lorcet 10/650 Disp (dispense) 15, 1 q (every) four hours prn (as needed)." Review of resident #1's medication administration records (MARs) for November, December, 2009, and January, February 2010, revealed the resident had received a Lorcet 10/650 on November 5, & 6, 2009, and January 3, 2010.</p> <p>Interview with resident #1 in the resident's room, on April 13, 2010, at 12:10 p.m., confirmed the resident had received pain medication when needed and did not require any pain medication</p>	F 224	<p>100% facility audit was conducted by the Director of Nursing and Risk Manager on February 28, 2010 to ensure that narcotic medications not used in 30 days had been discontinued and removed from the medication carts for destruction by the Pharmacy Consultant. Physician orders obtained by the Medical Director/Attending Physician.</p> <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur;</p> <p>3. In-service conducted and began on February 26, 2010 by Risk Manager on Narcotic Count Policy and has been added to New Employee Orientation for Licensed Nursing Staff. Completion date: March 5, 2010.</p> <p>Pharmacy Consultant reviewed on February 22, 2010 medications and made recommendations for any PRN medications not used in 30 days to be discontinued. On-going</p> <p>Narcotic Sheet Count Page and Log are copied on a weekly basis and reviewed by Director of Nursing and/or Assistant Director of Nursing. On-going</p>		

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F 224	Continued From page 2 at the present time. Review of the police report conducted on February 23, 2010, revealed a suspect was named but no charges were filed. Interview with the Risk Manager in the conference room on April 13, 2010, at 1:00 p.m., confirmed following the incident the matter was reviewed by the QA (Quality Assurance) Committee, the Pharmacy Consultant was contacted and a review of all narcotics was conducted, a police report was filed and followed up by the Scott County Sheriffs Department, and all nurses were re-in serviced on Conducting the Narcotic Count. In addition to Narcotic Count Log and Sheet Count is to be copied and reviewed weekly along with random audits to be conducted. Interview with the Administrator on April 13, 2010, at 2:00 p.m., in the Administrator's office confirmed the incident had been investigated according to the facility's Abuse policy. Interview confirmed the resident had not been reimbursed for the twenty-seven Lorazepam because the medication had not been used for thirty days so according to facility practice the medication was due to be "wasted".	F 224	Monitoring of corrective action to ensure the deficient practice will not recur; 4. Administrator will assure compliance by: 5 resident charts per week of residents MARs, Narcotic Sheet, and Logs will be audited for usage, account of narcotics, and discontinuation if not used in 30 days for 4 weeks. This will be conducted by the Risk Manager and in the absence DON or ADON. Failure to adhere to facility policy and/or regulations will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy. Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility QA Committee (DON, ADON, NHA, Risk Manager, Charge Nurse, Medical Director, Pharmacy Consultant, Dietician, Psychologist, Social Service Director, and Rehab Director) for further monitoring.	
F 425 SS=D	C/O #25205 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general	F 425	5. Completion date:	April 26, 2010

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NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 207 BAKER STREET HUNTSVILLE, TN 37756	
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F 425	<p>Continued From page 3 supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, pharmacy delivery sheets, and interview, the facility failed to assure the accurate acquiring, and receiving of a narcotic for one (#1) of five sampled residents.</p> <p>The findings included:</p> <p>Medical record review revealed the resident #1 was admitted to the facility on September 11, 2006, with diagnoses including Diabetes, Depressive Disorder, and Hypertension. Medical record review revealed the resident was seen by a dentist on November 4, 2009. Review of a prescription given at that time revealed, "Loracet 10/660 Diap (dispense) 15, 1 q (every) four hours prn (as needed)."</p> <p>Interview with LPN #4 on April 13, 2010, at 12:05 p.m., confirmed the prescription was received by the LPN and a telephone order was written according to facility practice and both the original</p>	F 425	<p>F 425 Pharmaceutical SVC- Accurate Procedures</p> <p>Corrective action(s) accomplished for the residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 1. The facility has notified pharmacy by certified letter for Huntsville Manor to be billed for the Loracet tablets taken from Resident #1 on February 21, 2010, as well as to send only what is ordered in accordance with physician's order. Payment issued upon receipt. Completion date: April 26, 2010. <p>Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> 2. 100% audit conducted by Director of Nursing and Risk Manager to ensure that all medications of all residents are accounted for in accordance with physician's orders and pharmacy delivery sheets. Completion date: February 23, 2010 <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> 3. In-service conducted and began on February 26, 2010 by Risk Manager on Narcotic Count Policy and has been added to New Employee Orientation for Licensed 	

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F 425	<p>Continued From page 4</p> <p>and the telephone order was faxed to the pharmacy. Interview revealed a telephone order is written to keep the resident's physician aware of any other orders received. Interview confirmed the telephone order failed to specify the quantity.</p> <p>Review of the Pharmacy delivery sheet revealed thirty tablets of Lorcet 10/650 was delivered on November 4, 2009, for resident #1. Telephone interview with the pharmacist on April 13, 2010, at 12:00 p.m., confirmed the pharmacy delivered thirty Lorcet 10/650 tablets for resident #1 on November 4, 2009. Further interview revealed the pharmacy had received a telephone order on November 4, 2009, for Lorcet 10/650 to be given every four hours as needed but the telephone order had not specified the quantity and thirty tablets had been sent to the facility. Interview confirmed the facility had not been contacted to specify the quantity.</p> <p>C/O #25205</p>	F 425	<p>Nursing Staff. Completion date: March 3, 2010</p> <p>Pharmacy Delivery Sheets and Narcotics received are verified by the night shift licensed staff and inaccuracies are reported to the pharmacy immediately. Director of Nursing is notified of inaccuracies. On-going</p> <p>Physician orders of narcotics will be reviewed in daily morning meeting to ensure accurate acquiring with delivery sheets.</p> <p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>4. Administrator will assure compliance by:</p> <p>5 resident charts per week of residents list of Narcotic medications and delivery sheets to assure accurate acquiring of narcotics. This will be conducted by the Director of Nursing in the absence the Risk Manager.</p> <p>Failure to adhere to facility policy and/or regulations will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.</p>		